

**DALLAS COUNTY CASE MANAGEMENT
DALLAS COUNTY COMMUNITY SERVICES**

**ACKNOWLEDGMENT
OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

I, _____, do hereby
acknowledge receipt of a copy of the Notice of Privacy Practice,
Policy and Procedure for Dallas County Community Services and
Dallas County Case Management.

Signature of Consumer

Date

**IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S
PERSONAL REPRESENTATIVE**

Signature of personal representative

Date

Legal authority of personal representative